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ABSTRACT

This paper describes an on-going study in which clinical research techniques are used to examine children's social cognition and its development. The study focuses on the relation between subjects' verbally expressed reasoning about social issues in two situations: during interview sessions and in natural life settings. Subjects for the study are 7- and 15-year-old children enrolled in an educational and psychological treatment program for learning and emotionally disabled children. One aspect of the research involves the identification and structuring of situations in which interpersonal reasoning can be studied. Another aspect involves the development of charts which identify developmental stages in reasoning about specific interpersonal issues. Final analyses are expected to provide data on developmental aspects of interpersonal reasoning, on longitudinal stability or changes in the reasoning of individuals and groups, on situational and personality factors which influence reasoning levels, and on the differences in reasoning levels during interview sessions as opposed to real life situations. Examples of preliminary findings in these areas are reported. Tables are included which present definitions of the interpersonal issues studied (e.g., self-reflection, jealousy, decision-making) and outline the sequence of stages identified for interpersonal and impersonal (Piagetian physical-cognitive) devlopment. (BD)

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Observing interpersonal reasoning in a clinic/educational setting: Toward the integration of developmental and clinical-child psychology

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Introduction: The Formative Research Context

The term "clinical approach" or "clinical research" has several meanings. Psychiatrically, it can refer to the descriptive study of pathological or maladaptive behaviors or functioning. Methodically, it can refer to a flexible and relatively open-ended interview method of inquiry, or a case-study or field study approach to data collection. With a clinical research design, the investigator usually gathers a relatively greater range of information on a more numerically limited sample than that used in experimental child psychology research. Often a characteristic of the clinical approach is the use of naturalistic settings as laboratories for observing human behavior.

Researchers in developmental psychology studying the social and cognitive development of the child have a long-standing tradition of using clinical-comparative approaches. Heinz Werner, for example,[22] has demonstrated how the study of pathological processes in individuals can give fresh illumination and insight to our understanding of developmental principles. Often, however, clinical studies do not demonstrate the rigor associated with experimental research in child psychology. Although more formal experimental designs, which eliminate extraneous variables, allow for greater comparability among subjects on the functions or processes under investigation, the limits of the experimental context restrict the extent to which one can confidently generalize findings to the infinitely more varied life settings in which people operate.

Recent methodological distinctions used in evaluation research may be helpful in thinking about the integration of clinical and developmental

approaches. Summative evaluation (or research) usually refers to the objective evaluation of educational or other systematic intervention programs. Formative evaluation (or research), on the other hand, is the planned development and application of research methods for "work in process" evaluation in ongoing interventions or settings.[6,13]

The formative/summative distinction provides a useful model for distinguishing between exploratory and hypothesis-testing research. Clinical methods and naturalistic research settings lend themselves to "formative research models." Their aim is to generate hypotheses by observing patterns of behavior, rather than to validate patterns by testing hypotheses. Piaget's early observations of his own children in his home provide an example and a role-model from developmental psychology to demonstrate how intensive clinical observations can be the descriptive starting point for generating potentially testable hypotheses about universal patterns of development.[11]

In this paper we shall describe a "formative" research effort which uses observational methods in a clinical intervention setting (in the psychiatric sense) to look at several concerns for investigators studying social cognition and its development. These concerns include the relation between reasoning in response to interview questions and reasoning in response to naturally occurring interpersonal situations, the relation between how one reasons about interpersonal relations and how one behaves in interpersonal situations, and what kinds of experiences facilitate more mature reasoning and prosocial behavior. The relation between verbally expressed reasoning under hypothetical interview conditions and verbally expressed reasoning used in natural life settings will be the central focus of this paper.

We will begin by briefly reviewing descriptive research on the development of social, moral, and interpersonal concepts[16] and point to some concerns which this approach raises. We will then discuss a structured social educational intervention and research program now taking place in a psychiatric setting (The Judge Baker Guidance Center). Such a setting poses inherent ethical and practical barriers to "summative," hypothesis testing research, but may be a particularly fertile and appropriate "formative" research laboratory for the study of issues of both theoretical and methodological concern in developmental psychology. Finally, we will present some early and tentative findings of this project and make suggestions for the extension of this model beyond psychiatric populations to normative populations.

The Problem

During recent years interest in the development of social-cognitive processes,[14] abilities, and conceptions[21] has been increasing as has interest in the possibility of intervening with children and adolescents to promote the development of social awareness,[4,17,18] A small group of investigators influenced by Kohlberg's seminal work[9] have attempted to define and describe qualitatively distinct levels or stages in the development of conceptions of social experience across a range of categories.[20,16,3,5,2,1] Although these investigators have sometimes differed among themselves as to how to divide domains of social experience, or how to define the functions and limitations of stage analyses, they have, nevertheless, identified and charted a wide area of the geographic map of developing socio-moral and interpersonal conceptions.

Critics of the methods used in social cognitive-developmental research have expressed an appropriate concern about whether people (both children and adults) do really reason at one level across various situations, experiences, and interactions. They question whether the level of reasoning obtained in the reflective interview traditionally used corresponds to the level of functioning that the individual uses across natural situations. This concern has been reinforced by the seeming reluctance of most cognitive developmentalists to go beyond verbal/clinical interviews to other means of data collection, assessment, or diagnosis. (Kuhn[10] expresses a similar concern about research in physical cognition.) Although our work began with the construction of a developmental system of levels of interpersonal conceptions using a reflective interview approach, we have found it useful to go beyond the interview procedure to examine concepts as they are applied in real life circumstances.

Background Research

The program we shall describe in this paper builds from our initial research which sought to describe the child's developing conceptions of individuals, close friendships, and peer group relations,[14,16,17] interrelated role relations thought to be critical to healthy social development by both clinicians and social developmentalists.[19,7] In order to "capture" concepts so that they can be observed and analyzed in a form that relates both to interpersonal experience and to theoretical developmental structures, a set of substantive issues was specified within each of these three role relations, issues which are central to the functioning and therefore to the understanding of that relationship domain. For example, to study the domain of friendship, we isolated issues such as trust, jealousy, conflict

resolution, and intimacy. Peer group issues include conformity, cohesiveness, and leadership. As a result of extensive interviewing, we have defined five developmental stages for each of 17 specific issues (see Table 1 for a synopsis of issues, Table 2 for a synopsis of stages). This descriptive map was developed using traditional clinical-developmental interview techniques with about 200 subjects of both sexes and ranging in age from 3 to 45, first by using hypothetical dilemmas and then by interviewing subjects directly about their own interpersonal experiences. Evidence from a recent longitudinal follow-up of 75 of these subjects lends support to the sequential nature of the descriptive levels.[17] Using this interview procedure in a study comparing children with interpersonal problems and normal children, we found that as a group the children clinically categorized as interpersonally disturbed performed at lower levels on our interview procedures than did a sample of better adjusted peers matched case-by-case on variables such as age, race, sex, socioeconomic status, and psychometric I.Q.[14]

We also found, however, that the clinic group and its match did not differ significantly on the highest developmental level of interpersonal reasoning verbalized in an interview.[17] In other words, clinic children were capable of expressing reasoning at comparably high levels, but tended not to express their highest levels of reasoning as consistently across all 17 issues as did the matched sample. We are now studying whether this same phenomenon is observable in natural situations and whether there are fluctuations in the reasoning of disturbed children which might help us to understand the theoretical question of the stability as well as the practical question of the use children make of social conceptions. The first step toward

the study of these questions is to see if the developmental descriptive levels derived from reflective interviews can be used to analyze social reasoning-in-action: when children are negotiating decisions and resolving conflicts which have real life consequences. To study this problem, we have taken our relatively detailed developmental descriptions of interpersonal issues, incorporated issues studied by other developmentalists mentioned previously, and have begun to use them as an observational social-cognitive/developmental coding scheme for the analysis of peer group discussion in natural psychoeducational and social group settings. Using this coding scheme, we hope to gain a better understanding of the range and consistency of levels of expressed social reasoning that both "normal" and "disturbed" children use in natural group situations. For the present, one such setting to which we have access is a clinic school within the Judge Baker Guidance Center.

The Clinical Setting: A Structured Social Developmental Environment

The Manville School provides an educational and psychological treatment program for learning and emotionally disabled children from ages 7 to 15. A major difficulty for these children, and a common referral complaint, is disturbance in interpersonal relationships, particularly peer relationships. In order to help these children develop more adequate social skills, as well as to enable us to study social reasoning-in-action, we have been developing and using previously developed psychological and educational programs which stress the importance of interpersonal awareness and of peer relations in class and group activities, in sports, and at recess. These programs rely in part on a structured program in which the staff encourages the children to provide support and feedback to each other within the immediate context

of their peer group (peer sociotherapy). Structured programs are designed to help children help each other with such issues as cooperation, trust, conflict resolution, leadership, and conformity, the same issues on which we have taken developmental citings (refer to Table 1).

An integral part of this program is a strong basic research effort. Our primary research concern is not simply an outcome evaluation of this program, but rather a formative process observation of the social interactions and social reasoning children use during the various structured, social-educational aspects of the program.

We have made use of four school activities which explicitly encourage the children to reason about social or interpersonal issues of importance to them. The first activity is a weekly interpersonal problem-solving session that takes place within the classroom itself. During these 30 to 60 minute sessions, the children work cooperatively to plan class activities and discuss problems between or among children or between a child and a teacher. At the end of each week the children evaluate their class performance, using the interpersonal issues we have described developmentally, such as class cooperation, conflict resolution, and decision-making, as aspects of class functioning to be critically examined.

Weekly activity groups provide a second observation opportunity. Members of the class (class size is small, 6 to 8 children) plan with counselors a series of weekly field trips and activities, such as cross-country skiing, bowling, and historical site visits. Once again, the emphasis is on peer planning and decision-making. When conflicts arise, they are taken up by the group or discussed during the class meeting times. After each activity the children discuss how well things went and what could have been done to

improve the planning or social interactions of the members.

A third opportunity for observation and analysis, which is not formally planned, occurs during what Redl and Wineman have called Life Space Crisis interviewing.[12] At times during the course of the school day, children find their responses to a perceived frustration or injustice so overwhelming that even class discussion is not a powerful enough support system to help the participant(s) sort out the facts and feelings. At these times, the children are allowed to go to a private "time out" section of the school, where they can regain composure and control. Here they have the opportunity to discuss with a trusted school counselor, one who ideally is cognizant of developmental levels, their personal interpretation of the nature of the conflict, its cause, its course, and some alternative resolutions.

Finally, observations are also made during social studies and current events discussion periods, where children's discussions include broader societal, moral, and social conventional issues. The work of Furth,[5] Turiel,[20] and Kohlberg[9] is particularly relevant here.

These activities allow us to observe social reasoning-in-action, to generate hypotheses about how children think about their actual interpersonal problems, and to see how they apply their interpersonal and socio-moral reasoning to resolve school and peer related issues and problems or to make plans which have foreseeable consequences for each child.

By tape-recording and transcribing these various meetings throughout the school year, recordings which are made with the children's knowledge and permission, we are beginning to compile a substantial data base. Our plan is to continue in these classes to tape-record and keep logs of the group discussions and social interactions in both classroom and activity

groups of the same children over a two-year longitudinal period. We are also gathering data on the level of interpersonal reasoning in reflective interviewing four times during the two years.

We are interested in the type of issues the children focus on as well as the developmental maturity of their reasoning about the issues. In addition, we are able to observe fluctuations in expressed reasoning levels over time and across recurring situations or unique incidents and to develop testable hypotheses about the possible causes for such fluctuations if they exist. These hypotheses can then be tested on larger and more representative groups under more controlled conditions, beginning a summative phase in the formative-summative research relationship.

We expect these analyses of group discussions and interview data to yield:

1) a comparison of children's interpersonal reasoning levels in small groups of six to eight at different mean ages, i.e., in classes with different mean ages (e.g., ages 10, 12, 14).

2) a flow chart of the level of reasoning of individual children, and of the groups as a whole over a two-year period, which will allow us to generate further hypotheses about the stability or fluctuation of reasoning levels over time and about the pace and profile of the development of new or higher levels of awareness.

3) a set of formative hypotheses about social-situational or personality factors which may influence reasoning levels during various kinds of temporally proximate interpersonal situations (i.e., over several weeks) as well as over time (i.e., 2 years).

4) a comparison of levels of reasoning on reflective interviews with reasoning in natural situations concerning the same issues.

The Case Study Approach

To summarize what we have said so far, our examination of social cognitive levels of social reasoning-in-action requires at least two tools. The first is a stage-by-social-conceptual issue chart both broad enough and yet detailed enough to be used to locate the substance and structure of each group discussion. The second is an (educational) atmosphere which encourages children to express social reasoning under conditions which can be observed. Such environments need to be structured in ways which insure that issues comparable to the ones that have been obtained through clinical interviews are raised and which potentially allow these issues to be addressed at the highest level of social reasoning of which the participants are capable. For example, if we want to understand the development of leadership in children's groups, we need to provide both a developmental descriptive mapping of leadership concepts and a set of activities which not only stimulate thinking about leadership, but also provide leadership opportunities.

With regard to our developmental tools, we have derived five stages for the hierarchical development of leadership concepts which briefly can be described as follows (a more complete description can be found in Selman & Jaquette[17]): At stage 0, leadership is seen only as physical power over others. At stage 1 the leader is understood to perform a more definite function; he/she is seen as the person who is the best at or knows the most about the group's activities. Nevertheless, at this stage the leader is assumed able to assert his personal will without there being an awareness in the child's mind of the need to coordinate it with the interests of others. A more advanced awareness is characteristic of stage 2, at which point a leader's role is look at as greater reciprocal coordination between leaders

and followers. The leader's function is now seen more as an arbitrator who leads by being sensitive to others and promoting good relations between individual group members. An added awareness at stage 3 is the leadership function of promoting "group" solidarity and group community, and at stage 4 leadership functions are seen to be multiple and differentiated (e.g., task leader, social-emotional leader). The hierarchical model assumes that subjects aware of higher level concepts do not abandon lower level ones but use them differentially.

Educationally within our structure we provide each child the opportunity to function as class leader during the interpersonal problem-solving meetings and also provide extra skill training for the children through "leadership seminars" in which 2 or 3 children practice and discuss with an adult, leadership skills such as communicating clearly, keeping order, and keeping discussions on target.

As quasi-anecdotal examples of how this sytem works, let us take the cases of John and Jerry, both age 12. John is capable of expressing a level of thinking both in interpersonal and intellectual domains that is normal for his age. His interpersonal reasoning capability was recently assessed under reflective interview conditions as being consistently at level 2 across most of the 17 issues in our system. However, under stress, his real life level of reasoning appears to be lower. In an interview, John told us that a good class leader "is someone who helps the members cooperate with one another, and who resolves conflicts when group members disagree." However, when it was John's turn to be a class leader, he was terribly frightened people would laugh at him and refused to participate. During a life-space interview following some regressive behavior, he told a trusted counselor, "I'm not going to be the class leader because nobody will do what

I tell them to do." When the counselor asked, "What do you think a good class leader should be like?", John replied, "Someone who everyone else did what he wanted." This expressed understanding of the leadership role would be scored at level 1, rather than at his interview level 2. Under the gun John appears to have lost sight of his understanding of the facilitator role that the class leader can play.

One of the advantages of a clinical setting for exploratory research is that additional information about children is available to help us to understand how other aspects of a child's functioning may facilitate or interfere with the expression of a child's most mature reasoning. For example, discussion with John's psychotherapist revealed that John does not have the usual psychological mechanisms for moderating and coping with anxiety. When he experiences stress, anxiety immediately escalates into panic, and John feels overwhelmingly vulnerable in a world where everyone can hurt him. The function of leadership then becomes to keep people from hurting him by making them do everything he says. Children such as John may differ not so much in their capacity to understand social and moral issues as in their ability to maintain their understanding in the face of stressful social experiences.

Whereas in the case of John, the position of class leader interacted with a child's particular anxieties to produce a downward oscillation in interpersonal reasoning, in the case of another child, Jerry, being class leader stimulated reasoning at a higher developmental level than was indicated from either his reflective interview level or from his usual functional stage observed during many class discussions. We observed that in the position of class leader, Jerry felt himself to be in a position of respect and was able

to move beyond his usual poorly verbalized "one-way" orientation to the social world to a more reciprocal perspective. This upward fluctuation may have resulted from Jerry's feeling that others were listening to him and that his thoughts were appreciated despite his difficulty in verbalizing them.

During the time we have used this combined interview/observation method, we have also seen children whose expressed hypothetical reasoning is low (for their age) and whose real life reasoning is also low. Hypothetical reasoning for them appears to set a ceiling for real life reasoning. This synchrony may well characterize a child with very different problems than those of such children as John or Jerry. It may also have very different implications for diagnosis and treatment.

We feel it is important to extend this interview/observation method to normal populations. One significant difference between "normal" and "disturbed" children who display age-appropriate capabilities in hypothetical reasoning may be the ability of the better adjusted children to reason in real life settings at a level more consistent with their hypothetical reasoning. They may more consistently be able to use their best reasoning as a tool for coping with naturally occurring dilemmas. The disturbed child, in the face of a dilemma and resultant anxiety, may not be able to mobilize such tools at his/her most adequate level.

As Heinz Werner often pointed out, the study of pathological behavior may tell us something about normal processes as well. Observable social behavior represents a complex interaction of processes. The closer we get to the study of social reasoning-in-action, and to an understanding of conditions for stability or oscillation,[8] the more sources of interference we may

find between best capability and actual performance. Sharing of understanding in a clinical setting can help us to identify and understand some of the factors which influence social cognitive performance. John's anxiety was pathological to an extreme. It hindered his capacity to function. But that pathological example may point us toward a better understanding of the possibilities and limitations of social cognitive analysis and of the complexity of interpersonal processes for everyone.

Table 1

ISSUES OF INTERPERSONAL AWARENESS RELATED TO CONCEPTIONS OF THE INDIVIDUAL, CLOSE FRIENDSHIPS, PEER GROUP ORGANIZATION

INDIVIDUAL	FRIENDSHIP	PEER GROUP
1. SUBJECTIVITY: covert properties of persons (thoughts, feelings, motives); conflicts between thoughts or feelings within the person	1. FORMATION: why (motives) and how (mechanisms) friendships are made; the ideal friend	1. FORMATION: why (motives) and how (mechanisms) groups are formed; the ideal member
2. SELF-REFLECTION: awareness of the self's ability to observe its own thoughts and actions.	2. CLOSENESS: types of friendship, ideal friendship, intimacy.	2. COHESION/LOYALTY: group unity
3. PERSONALITY: stable or predictive character traits (a shy person, etc.)	3. TRUST: doing things for friends; reciprocity.	3. CONFORMITY: range and rationale
4. PERSONALITY CHANGE: how and why people change (growing up, etc.)	4. JEALOUSY: feelings about intrusions into new or established friendships	4. RULES/NORMS: types of rules, and reasons for them
	5. CONFLICTS: how friends resolve problems	5. DECISION-MAKING: setting goals, resolving problems, working together
	6. TERMINATION: how friendships break up	6. LEADERSHIP: qualities, and function to the group
		7. TERMINATION: why groups break up or members are excluded

Table 2

SEQUENCE OF STAGES ACROSS DOMAINS OF INTERPERSONAL (INDIVIDUAL, FRIENDSHIP, PEER GROUP) AND IMPERSONAL (PIAGETIAN PHYSICAL-COGNITIVE) AWARENESS

	INTERPERSONAL			IMPERSONAL	
STAGE	INDIVIDUAL	FRIENDSHIP	PEER GROUP	PHYSICAL-COGNITIVE	LEVEL
0	Physical entity	Momentary physical playmate	Physical connections	Intuitive preoperational	1A/1B
1	Intentional subject	One-way assistance	Unilateral relations	Transitional preoperational/concrete operational	2A
2	Introspective self	Fairweather cooperation	Bilateral partnerships	Consolidated concrete operational	2B
3	Stable personality	Intimate-mutual sharing	Homogeneous community	Transitional concrete/early formal operational	3A
4	Complex self-system	Autonomous interdependence	Pluralistic organization	Consolidated formal operational	3B

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